| In re Application of:        | )                        |
|------------------------------|--------------------------|
| Tom Sharples et al.          | )                        |
| Application No.: 09/644,345  | ) Examiner: Not Assigned |
| Filing Date: August 23, 2000 | ) Group Art: 2614        |
| For: METHOD AND DEVICE WITH  | ) —                      |
| DVD AND HTML CONTROL         | OIPE                     |
| ENVIRONMENTS                 | MAR 1 4 2001             |
| Commissioner for Patents     | PART 1 2001              |

### PETITION UNDER 37 C.F.R. § 1.47(a)

Dear Sir:

Washington, D.C. 20231

This petition is to respectfully request that the inventors declaration be accepted for filing without the signature of inventor Tom Dizoglio. Mr. Dizoglio cannot be found or reached after diligent effort. (See attached Declarations of Gregg A. Peacock, Virginia Velazquez and Tom Sharples) The fee for filing is petition as set forth in C.F.R. § 1.17(j) is included herewith.

The Commissioner is authorized to charge any insufficiency or credit any overpayment to Deposit Account No. 02-2666.

03/15/2001 AGOITOM 00000001 09644345

02 FC:122

130.00 OP

Respectfully submitted

MAR 1 6 2001

RECEIVED

**OFFICE OF PETITIONS** 

Reg. No. 45,001

Blakely, Sokoloff, Taylor & Zafman, LLP 1240 Wilshire Boulevard, Seventh Floor

Los Angeles, CA 90025-1026

(512) 330-0844

1

BSTZ Docket No.: 4905.P005

Dated: 3 -9-0/

| In re Application of:  Tom Sharples et al.                    | )                |                                        |
|---------------------------------------------------------------|------------------|----------------------------------------|
| Application No.: 09/644,345                                   | )                | Examiner: Not Assigned                 |
| Filing Date: August 23, 2000                                  | )                | Group Art: 2614                        |
| For: METHOD AND DEVICE WITH DVD AND HTML CONTROL ENVIRONMENTS | )<br>)<br>)<br>) | MAR 1 4 2001 3                         |
|                                                               |                  | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |

Commissioner for Patents Washington, D.C. 20231

### **DECLARATION OF GREGG A. PEACOCK**

- I, Gregg A. Peacock, having personal knowledge of the facts set forth herein, hereby declare and say as follows:
- 1. On August 23, 2000, the above referenced patent application was filed with the United States Patent and Trademark Office. The named inventors in the application are Susan Baum, Tom Dizoglio, Bhupesh Vyas, Neal Bedard and Ian MacDowell. Mr. Tom Dizoglio is a previous employee of Imagicast, Inc. It is Mr. Dizoglio who refuses to sign the Declaration. Subsequent to the filing, each of these inventors was sent a copy of the application, and a Declaration and Power of Attorney for the above referenced patent application, for their execution. With regard to Mr. Dizoglio, the application, Declaration and Power of Attorney were sent to his last known address, which is shown by Exhibit 5 for the Declaration of Virginia Velazquez and Exhibit 1 for the Declaration of Tom Sharples. Moreover, I called the telephone number of Mr. Dizoglio illustrated by Exhibit 5 for the Declaration of Virginia Velazquez. However, the telephone number was no longer in service.

**RECEIVED** 

MAR 1 6 2001

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Respectfully submitted,

Dated: 3-9-0/

Gregg A. Peacock Reg. No. 45,001

12400 Wilshire Boulevard Seventh Floor Los Angeles, CA 90025 (512)434-2400

RECEIVED

MAR 1 6 2001

In re Application of:
 Tom Sharples et al.

Application No.: 09/644,345

Filing Date: August 23, 2000

For: METHOD AND DEVICE WITH DVD AND HTML CONTROL

Examiner: Not Assigned

Group Art: 2614

MAR 1 6 ZOON A STATE OF THE STA

Commissioner for Patents Washington, D.C. 20231

**ENVIRONMENTS** 

#### **DECLARATION OF VIRGINIA VELAZQUEZ**

- I, Virginia Velazquez, having personal knowledge of the facts set forth herein, hereby declare and say as follows:
- 1. I am employed by BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN, as a Legal Secretary. My supervisor is Gregg A. Peacock.
- 2. At Mr. Peacock's request, I sent a letter on February 14, 2001 to Mr. Tom Dizoglio enclosing a copy of the filed application together with a Declaration pursuant to 37 C.F.R. § 1.63 for his signature via Certified Mail Return Receipt Requested (Exhibit 1). Also included with this correspondence was a self-addressed, postage-prepaid envelope to facilitate the return of the executed documents to Mr. Peacock.
- 3. When there was no response to said correspondence, at Mr. Peacock's request, I sent another letter on February 26, 2001 to Mr. Tom Dizoglio enclosing a copy of the filed application together with a Declaration pursuant to 37 C.F.R. § 1.63 for his signature via Certified Mail Return Receipt Requested (Exhibit 2). Also included with this correspondence was a self-addressed, postage-prepaid envelope to facilitate the return of the executed documents to Mr. Peacock.

**RECEIVED** 

MAR 1 6 2001

4. Subsequently, we received the Return Receipt showing receipt of our correspondence dated February 14, 2001 by Mr. Dizoglio (Exhibit 3).

5. On March 5, 2001, at Mr. Peacock's request, I sent a letter to Mr. Dizoglio requesting that he execute and return the Declaration previously received by him (Exhibit 4).

6. On March 6, 2001, I searched the Internet for Mr. Dizoglio's telephone number and address (Exhibit 5) and provided that information to Mr. Peacock.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Dated: March 9, 2001

Virginia Velazquez

RECEIVED

MAR 1 6 2001

# BLAKELY SOKOLOFF TAYLOR & ZAFMAN

A LIMITED LIABILITY PARTNERSHIP INCLUDING LAW CORPORATIONS

TELEPHONE (512) 330-0844

FACSIMILE (512) 330-0476

BSTZ\_MAIL@BSTZ.COM WWW.BSTZ.COM



One Barton Skyway 1501 South MoPac, Suite 250 Austin, Texas 78746

February 14, 2001

OTHER OFFICES

LOS ANGELES, CA
SUNNYVALE, CA
COSTA MESA, CA
SAN DIEGO/LA JOLLA, CA
PORTLAND/LAKE OSWEGO, OR
SEATTLE/KIRKLAND, WA
DENVER/ENGLEWOOD, CO

CERTIFIED MAIL – 7099 3400 0016 3549 8705. RETURN RECEIPT REQUESTED

Mr. Tom Dizoglio 29 Belvedere Street San Francisco, California 94117

Re: U.S. Patent Application entitled: "Integration Of passive Data Content In A Multimedia-Controlled Environment" BSTZ Docket No. 4905.P004

U.S. Patent Application entitled: "Method And Apparatus With DVD And HTML Control Environments" BSTZ Docket No. 4905.P005

Dear Mr. Dizoglio:

Enclosed are copies of the above-identified patent applications as filed in the U.S. Patent Office on August 23, 2000 of which you are a named inventor. We are also enclosing an Assignment and Declaration for each application. We ask that you please sign, date and return these documents to us in the self-addressed, stamped envelope provided herewith.

Please be advised that even if you are no longer employed by Imagicast, Inc., you still have a duty to execute any documents required to prosecute patent applications in which you are a named inventor.

We would appreciate receiving the executed documents at your earliest convenience. If you have any questions, please do not hesitate to contact me.

Sincerely,

Gregg A. Peacock

GAP:vv Encl. RECEIVED

MAR 1 6 2001

|           | U.S. Postal S<br>CERTIFIED<br>(Domestic Mail Or                                                                   | MALLIKEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Cov. e (ded)     |
|-----------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 8.70.5    |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |
| PHZE 3400 | Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required) | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Postmark<br>Here |
| 004E 8604 | Street, Apt. No. or PO E                                                                                          | se Print Clearly), (to be compared to the comp | TREET            |

# BLAKELY SOKOLOFF TAYLOR & ZAFMAN

A LIMITED LIABILITY PARTNERSHIP INCLUDING LAW CORPORATIONS

TELEPHONE (512) 330-0844

FACSIMILE (512) 330-0476

BSTZ\_MAIL@BSTZ.COM WWW.BSTZ.COM



One Barton Skyway 1501 South MoPac, Suite 250 Austin, Texas 78746

February 26, 2001

OTHER OFFICES

Los Angeles, CA Sunnyvale, CA Costa Mesa, CA

SAN DIEGO/LA JOLLA, CA PORTLAND/LAKE OSWEGO, OR

SEATTLE/KIRKLAND, WA DENVER/ENGLEWOOD, CO

CERTIFIED MAIL – 7099 3400 0016 3549 8668 RETURN RECEIPT REQUESTED

Mr. Tom Dizoglio 29 Belvedere Street San Francisco, California 94117

Re:

U.S. Patent Application Serial No.: 09/644,351

Filed: August 23, 2000

Entitled: "Integration Of Passive Data Content In A Multimedia-

Controlled Environment"

BSTZ Docket No.: 4905.P004

U.S. Patent Application Serial No.: 09/644,345

Filed: August 23, 2000

Entitled: "Method And Apparatus With DVD And HTML Control

Environments"

BSTZ Docket No.: 4905.P005

#### Dear Mr. Dizoglio:

Following up on letter date February 14, 2001, enclosed are copies of the above-identified patent applications as filed in the U.S. Patent Office on August 23, 2000 of which you are a named inventor. We are also enclosing an Assignment and Declaration for each application. We ask that you please sign, date and return these documents to us in the self-addressed, stamped envelope provided herewith.

Please be advised that even if you are no longer employed by Imagicast, Inc., you still have a duty to execute any documents required to prosecute patent applications in which you are a named inventor.

**RECEIVED** 

MAR 1 6 2001

# BLAKELY SOKOLOFF TAYLOR & ZAFMAN

Mr. Tom Dizoglio February 26, 2001 Page 2



We would appreciate receiving the executed documents as soon as possible so that we may file them prior to the deadline of March 10, 2001. If you have any questions, please do not hesitate to contact me.

Sincerely,

Gregg A. Peacock

GAP:vv Encl.

|             | U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)   |                       |                  |
|-------------|---------------------------------------------------------------------------------------------------|-----------------------|------------------|
| 8.668       |                                                                                                   |                       |                  |
| 3549        | Postage<br>Certified Fee                                                                          | \$                    | ,                |
| 9777        | Return Receipt Fee<br>(Endorsement Required)<br>Restricted Delivery Fee<br>(Endorsement Required) |                       | Postmark<br>Here |
| ]<br>]<br>, |                                                                                                   | \$7.35                | <u> </u>         |
| HE LLD.     | Street, Apt. No.; or PO Bo.                                                                       | DERE STRE<br>800 (° A | D120GL10         |

RECEIVED

MAR 1 6 2001

OFFICE OF PETITIONS



|                                                                    | the destructions as the section to the property of the section of |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| urn Receipt 102595-00⋅M-0952                                       | PS Form 3811, July 1999 Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 0016 3549 8705                                                     | .3400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                    | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 4. Restricted Delivery? (Extra Fee) ☐ Yes                          | 0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ☐ Registered AReturn Receipt for Merchandise Insured Mail ☐ C.O.D. | E.117 12 (26) 12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3. Service Type                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                    | 29 CHETTEDERS STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| If YES, enter delivery address below:                              | MR. 70M D1206210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| y address different from item 17                                   | 1. Article Addressed to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| × C- Dr. Addressee                                                 | artach this cold to the back of the malipiece, or on the frog if space permits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| C. Signature                                                       | <ul> <li>rint your name and address on the reverse<br/>so that we car return the card to you.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| A. Received by (Please Print Clearly) B. Date of Delivery          | tem4 if Restricted Delivery is desired.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| COMPLETE THIS SECTION ON DELIVERY                                  | SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

# LOR ZAFMA

A LIMITED LIABILITY PARTNERSHIP INCLUDING LAW CORPORATIONS

TELEPHONE (512) 330-0844

FACSIMILE (512) 330-0476

BSTZ MAIL@BSTZ.COM WWW.BSTZ.COM



ONE BARTON SKYWAY 1501 South MoPac, Suite 250 Austin, Texas 78746

March 5, 2001

OTHER OFFICES

LOS ANGELES, CA SUNNYVALE, CA COSTA MESA, CA SAN DIEGO/LA JOLLA, CA PORTLAND/LAKE OSWEGO, OR SEATTLE/KIRKLAND, WA

DENVER/ENGLEWOOD, CO

CERTIFIED MAIL - 7099 3400 0016 3549 8637 RETURN RECEIPT REQUESTED

Mr. Tom Dizoglio 29 Belvedere Street San Francisco, California 94117

Re: U.S. Patent Application Serial No.: 09/644,351

Filed: August 23, 2000

Entitled: "Integration Of Passive Data Content In A Multimedia-

Controlled Environment"

BSTZ Docket No.: 4905.P004

U.S. Patent Application Serial No.: 09/644,345

Filed: August 23, 2000

Entitled: "Method And Apparatus With DVD And HTML Control

Environments"

BSTZ Docket No.: 4905.P005

Dear Mr. Dizoglio:

Following up on our correspondence dated February 14, and February 26, 2001, we ask that you please sign, date and return the Assignments and Declarations for the above-identified applications.

Please be advised that even if you are no longer employed by Imagicast, Inc., you still have a duty to execute any documents required to prosecute patent applications in which you are a named inventor.

It is imperative you return the executed documents as soon as possible so that we may file them prior to the deadline of March 10, 2001. If you have any questions, please do not hesitate to contact me.

Sincerely.

Głegg A. Peacock

RECEIVED

MAR 1 6 2001

OFFICE OF PETITIONS

GAP:vv

|        |                                                                                                   | Service  MAIL REC  Only; No Insurance |                     |
|--------|---------------------------------------------------------------------------------------------------|---------------------------------------|---------------------|
| 8.63.7 |                                                                                                   | Commence of the Paris                 |                     |
| 日記さ    | Postage<br>Certified Fee                                                                          | \$                                    | Postmark            |
| 0.0.16 | Return Receipt Fee<br>(Endorsement Required)<br>Restricted Delivery Fee<br>(Endorsement Required) |                                       | Here                |
|        | Total Postage & Fees                                                                              | \$ 3.74                               |                     |
| H.     | Recipient's Name (Pleas                                                                           | Print Clearly (to be comp             | oleted by mailer) . |
| 7099   | Street, Apt. No. or PO BO<br>29 BELL<br>City, State, ZIP+4<br>5 AN FRAN                           | VEDERB .                              | Street<br>94117     |



RECEIVED

MAR 1 6 2001





# What can YOU do to get between him and













Help

SEARCH



#### PEOPLE

Search by Last Name, First Name and City, St or Zip

|                | City |               |   |  |
|----------------|------|---------------|---|--|
| Last Dizoglio  | or   | San Francisco | ÷ |  |
| Name: Dizoglio | Zip: |               |   |  |
| First Tom      |      | California    | ₹ |  |
| Name:          |      |               |   |  |



## Upgrade t

If you use 5: often at wor our premiui only availab 555@Work.

Fre



Enhanced r and out. Ma addresses 1 or map an e region!

### **Thomas Dizoglio**

29 Belvedere

SAN FRANCISCO, CA 94117

Phone: (415) 934-9118 Call Using Net2Phone Coming Soon!

Map Driving Directions Find Neighbors Get VCard Add to Address Book Email

#### **Nearby Businesses**

**Communication Center** 

Stay in touch with great rates and cutting edge tools through our partner, AT&T

Medical Retail & Community

Restaurants

**Automotive** 

#### Community and Government **Services**

Government

Local, State, Officials

**Local Websites** California

**Schools** 

Colleges and Universities, Early Education

Utilities

Electric, Garbage Collection, Gas, Water & Sewage

**Dining Guide** 

Make reservations at the perfect restaurant through our partner, OpenTable.com



Gift Center

Send cards, flowers or a special gift



## Barbies to Barbeques.

**Travel Center** 

Plan the perfect visit. Find the best sources for air travel, accomodations and services with our partner, Visiting Cities.com

RECEIVED

MAR 1 6 2001 OFFICE OF PETITIONS

Visiting cities, COM making travel easier

Commissioner for Patents Washington, D.C. 20231

Examiner: Not Assigned

Group Art: 2614



### **DECLARATION OF TOM SHARPLES**

I, Tom Sharples, having personal knowledge of the facts set forth herein, hereby declare and say as follows:

- 1. I am the Exec. Vice-presidents I largicast, Inc. and as such I have access to employees home addresses.
- 2. On February 9, 2001, I provided Gregg A. Peacock with the last known address on file for Mr. Dizoglio. That address is 29 Belvedere Street, Sau Francisco, California 94117 (see Exhibit 1).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Dated: 3-9-201

Tom Sharples

RECEIVED

MAR 1 6 2001



imagicast

Imagicast, Inc. 828 Mahler Road

Burlingame, California 94010

800.835.7072 toll-free 650.692.8700 voice 650,697.9520 fix

www.imagicast.com



| to: GAG PEACOCH                      | from Tons SAAMCES  |
|--------------------------------------|--------------------|
| company: DLANGS SMORTS               | voice 680 651-5162 |
| voice:                               | fax:               |
| fax: 5(2-330-0476                    | e-mail:            |
| date 2 - 9-01                        | subject:           |
| total pages (including cover sheet): |                    |

message:

CENSE OUR THIS TO

SPEE ASAP !!

THOWAS!

ADDRESS FOR TOWN 0120640:

29 BECUEDERE STREET SAN FRANCISCO, CA 94117

EXHIBIT 1

RECEIVED
MAR 1 6 2001